Section A
Required Client Information:
Company: USS Corporation
Address: P.O. Box 417 Section B
Required Project Information:
Report To: Tom Moe Copy To: Address:

CHAIN-OF-CUSTODY / Analytical P WO#: 1254030

The Chain-of-Custody is a LEGAL DOCUMENT. All rel WO#: 1254030

Section C PM: HRZ Due Date: 10/07/15

Invoice Information: Section C
Invoice Information:
Attention:
Company Name: CLIENT: USS CORP

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			ACCEPTED BY AFFILIATION
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WS-003 Thickner Overflow WT //29/15	WS-003 Thickner Overflow WT //27/15 /6/	WS-003 Thickner Overflow WT 1/27/15 /6/	×
WS-002 Scrubber Make-Up WT 0/2/15 /60/ WS-003 Thickner Overflow WT /2/15 /60/	WS-002 Scrubber Make-Up WT 0/29/15 16 WS-003 Thickner Overflow WT WT 1/29/15 76/1	WS-002 Scrubber Make-Up WT 9/2/15 18 WS-003 Thickner Overflow WT WT	HNO3 HCI NaOH Na2S2O3 Methanol Other Analyses Test LAB FILTERED: SO4 Lab FILTERED: Ca,Mg,Har
SAMPLE ID SAMPLE ID One Character per box. (A-Z, 0-9/, -) Sample Ids must be unique WS-002 Scrubber Make-Up WS-003 Thickner Overflow WT WS-003 Thickner Overflow WT WS-003 Thickner Overflow WT WS-004 Scrubber Make-Up WS-005 Thickner Overflow WT WT WS-005 Thickner Overflow WT WT WT WT WT WT WT WT WT W	SAMPLE ID SAMPLE ID One Character per box. (A-Z 0-91, -) Sample ids must be unique Tissue Tissue Tissue WIT WS-003 Thickener Overflow WIT WS-003 Thickener Overflow WIT WS-003 Thickener Overflow WIT WIT WIT WIT WIT WIT WIT WI	SAMPLE ID Cone Character per box. (A-Z, 0-9 / , -) Sample Ids must be unique WS-002 Scrubber Make-Up WS-003 Thickoner Overflow WIT WS-003 Thickoner Overflow WIT WS-003 Thickoner Overflow WIT WS-003 Thickoner Overflow WIT WIT WIT WIT WIT WIT WIT WI	Preservatives
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Fax Project Name: NPDES-LINE 3 Widy	Fax Project Name: NPDES-LINE 3 Widy	Fax Project Name: NPDES-LINE 3 VMdy	
Fax Purchase Order #: Purchase Order #: Purchase Order #: Purchase Order #: Project Name: NPDES-LINE 3 Wkly	Fax Purchase Order #: Purchase Order #: Purchase Order #: Purchase Order #: Project Name: NPDES-LINE 3 WAdy	Fax Purchase Order #: Project Name: NPDES-LINE 3 Wkly Project	

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hold, incorrect preservative, out of temp, incorrect containers)

Document Name: Sample Condition Upon Receipt Form

Document No.:

F-VM-C-001-Rev.09

Document Revised: 23Feb2015

Page 1 of 1 Issuing Authority:

Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt Client Name:	οιρ.	Project	WO#:1254030			
Courier: Fed Ex UPS	USPS	Client				
CommercialPace Tracking Number:	Other:_		1254030			
Custody Seal on Cooler/Box Present? Yes	□No	Seals Intact?	Wes No Optional: Proj. Due Date. 1703			
Packing Material: Bubble Wrap Bubble	e Bags 🗀 No	ne	Temp Blank? Yes No			
Thermometer Used: 140792808	Type of lo	e: Wet [Blue None Samples on Ice, cooling process has begun			
Cooler Temp Read °C: (-3 Cooler Ten	np Corrected °C	ر) ما :	Biological Tissue Frozen? Yes No NA			
Temp should be above freezing to 6°C Correction			d Initials of Person Examining Contents:			
Chain of Custody Present?	□ Ves.	□No □N/A	Comments:			
Chain of Custody Filled Out?	Yes	□No □N/A	2.			
Chain of Custody Relinquished?	✓Yes	□No □N/A	3.			
Sampler Name and Signature on COC?	Yes	□No □N/A	4.			
Samples Arrived within Hold Time?	Yes	□No □N/A	5.			
Short Hold Time Analysis (<72 hr)?	□Yes	⊠No □N/A	6.			
Rush Turn Around Time Requested?	□Yes	☑No □N/A	7.			
Sufficient Volume?	Yes	□No □N/A	8.			
Correct Containers Used?	Yes	□No □N/A	9.			
-Pace Containers Used?	Yes	□No □N/A				
Containers Intact?	Yes	□No □N/A	10.			
Filtered Volume Received for Dissolved Tests?	√ □Yes	ØNo □N/A	11. Note if sediment is visible in the dissolved containers.			
Sample Labels Match COC? -Includes Date/Time/ID/Analysis Matrix:	Yes	□No □N/A	12.			
All containers needing acid/base preservation will b checked and documented in the pH logbook.	e DYes	□No □N/A	See pH log for results and additional preservation documentation			
Headspace in Methyl Mercury Container	☐Yes	□No ⟨□N/A	13.			
Headspace in VOA Vials (>6mm)?	□Yes	□No □N/A	14.			
Trip Blank Present?	☐Yes	□No ☑N/A	15.			
Trip Blank Custody Seals Present?	Yes	□No □N/A	·			
Pace Trip Blank Lot # (if purchased):						
CLIENT NOTIFICATION/RESOLUTION			Field Data Required? Yes No			
Person Contacted:			Date/Time:			
FECAL WAIVER ON FILE Y N TEMPERATURE WAIVER ON FILE Y N						
Project Manager Review: Date: 9/24/15 Note: Whenever there is a discrepancy affecting North Carolina Compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of						